



South Carolina Department of Insurance

Division of Consumer and Individual Licensing Services

Capital Center
1201 Main Street, Suite 1000
Columbia, South Carolina 29201

Mailing Address:
P. O. Box 100105, Columbia, SC 29202-3105
Telephone: (803) 737-6134

MARK SANFORD
Governor

SCOTT RICHARDSON
Director of Insurance

APPLICATION FOR RENEWAL OF SERVICE CONTRACT LICENSE FOR THE LICENSING PERIOD OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010.

Company Name: _____ Company Code: _____

Mailing Address: _____

Business Phone Number: _____

Contact: _____ Contact Phone No.: _____ Email: _____

The records of the South Carolina of Insurance reflect that your organization is currently licensed as a Service Contract Provider. Pursuant to the requirements of S.C. Code Ann. Section 38-78-10 et seq. (Supp. 2000). Your license continuation fee is \$200. Make remittance payable to **South Carolina Department of Insurance**. This application must be completed in its entirety and returned to this Department along with all other required items no later than October 1, 2009. **Failure to comply with this renewal may result in administrative penalties being applied.**

SECTION 1 – SELECT THE METHOD USED TO MEET THE FINANCIAL SECURITY REQUIREMENT SPECIFIED UNDER S.C. CODE ANN. SECTION 38-78-30(D).

1. Reimbursement Insurance Policy (**Provide a copy of Reimbursement Policy**). _____
2. Funded Reserve Account. If you established a funded reserve or pledged a financial security with this Department, please complete the Reserve Calculation below. Remember, your reserve may not be less than forty percent of gross consideration received, less claims paid, on the sale of the service contract for all in-force contracts. Security pledge cannot be less than Twenty-five Thousand Dollars (\$25,000). Please provide evidence of your reserve account.

Reserve Calculation

Total Number of Contracts Issued and Outstanding in SC _____
Gross Consideration Received _____
Less: Claims Paid _____
= Net Consideration Received _____
(x) 40% Funded Reserve Amount _____
(5% x Net Consideration Received) _____

3. Please submit a recent copy of Parent's Form 10-K or Form 20-F, filed with the Securities and Exchange Commission (SEC) within the last calendar year.

SECTION 2 – INDICATE THE TOTAL NUMBER OF CONTRACTS INFORCE IN SOUTH CAROLINA.

TOTAL NUMBER OF CONTRACTS: _____

SECTION 3 – INDICATE THE TOTAL NUMBER OF NEW CONTRACTS WRITTEN IN SOUTH CAROLINA SINCE THE LAST RENEWAL PERIOD.

TOTAL NUMBER OF NEW CONTRACTS: _____

SECTION 4 – INDICATE THE TOTAL NUMBER OF COMPLAINTS RECEIVED FROM RESIDENTS OF SOUTH CAROLINA SINCE THE LAST RENEWAL PERIOD.

TOTAL NUMBER OF COMPLAINTS: _____

SECTION 5 – INDICATE THE NUMBER OF CLAIMS DENIED SINCE THE LAST RENEWAL PERIOD.

TOTAL NUMBER OF CLAIMS: _____

SECTION 6 – LIST THE NAMES AND TITLE OF ALL ADMINISTRATORS OR DESIGNEES WHO ARE ADMINISTERING YOUR SERVICE CONTRACTS.

1. _____
2. _____
3. _____
4. _____

APPLICANT'S SWORN STATEMENT

I do solemnly swear that all information contained within this application, is complete, true, and correct to the best of my knowledge. Sworn to before me this _____ day of _____

Signed _____

Title _____